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Disclaimer
This handbook aims to provide general nutritional advice but is not intended to be a substitute for professional health advice. Always consult an appropriate health professional about any specific medical problems and keep them informed of any changes.

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Foreword

PROFESSOR MICHAEL A CRAWFORD

This book is about depression. Generally, we do not seem to understand the meaning of depression, unless we have suffered from it.

In 1968, when on holiday with my family, I suddenly became acutely ill with a blinding headache and temperature. '*Influenza*' said the local doctor. Quite excusable, but it became so severe, despite usual treatment for colds, that we had to abandon the holiday and my wife drove us home.

On returning home, I was severely jaundiced and running a high temperature. The diagnosis was glandular fever. The following three weeks, I suffered from deep depression the like of which is almost impossible to describe. I did not want to listen to the radio, watch television or read. All I wanted was the curtains drawn and darkness.

Recovery was slow and the treatment consisted of marmite on toast plus anti-inflammatory drugs. At least my doctor even then recognised the importance of keeping up my micronutrient status to save my brain, faced with the fact that there was little that could be done about a viral infection and that I did not want to eat. So I was fortunate to have a wise man in charge of my sickness.

What this experience made me realise was just how very serious depression is. It also made me realise that it was chemically induced by the disorder in my liver. That proved to me just how important it is to maintain a good state of nutritional chemistry for proper brain function; moreover, just how disordered blood chemistry can adversely affect the brain. This fact is so little granted, although we are currently experiencing nutritional conditions that precipitated vascular disease last century. The brain depends on good blood vessels and this is particularly important during foetal development. The placenta, which feeds the foetus, is a rapidly developing vascular system and develops before the foetal brain growth thrust in the last trimester of pregnancy.

Nutritional disorders can, of course, be induced by bad diets and in the last century we saw heart disease rise from a rarity to the number one killer. What is now happening is that brain disorders have taken over. They are now the number one burden of ill health in Europe (Andlin-Sobocki *et al*, 2005) The cost for the 25 member states at 2004 prices was 386 billion euros. Mental ill health is now spreading world wide (Global Forum for Health Research, online) and it is likely that the globalisation of Western food systems is one of the major factors in this spread.

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This book brings together several authors to understand better the causes and ways of dealing with depression. With so little attention paid to nutrition and the brain, this book is timely and will make a significant contribution to the dissemination of knowledge on this misunderstood topic of depression and allied disorders of brain function.

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Editor's foreword

MARTINA WATTS

The handbook for every car manufactured will specify, quite precisely, the grade and type of engine oil that should be used in its engine. Dire warnings are presented as to the inevitable consequences if this advice is ignored, such as loss of power, excessive internal wear and tear, and risk of breakdown. The manufacturer's guarantee may be invalidated if the buyer exhibits such a degree of carelessness with their purchase. We generally accept these conditions as entirely reasonable. After all, the car was designed specifically to use particular fuels and lubricants, and surely only a fool would risk such a sizeable investment through meanness or laziness. When it comes to our own human bodies, such rationality is abandoned. We have thrown away the handbook, or simply forgotten there ever was one.

We believe that we can fuel a body and lubricate it with whatever we want, without regard to any inherent 'design constraints'. Further, we believe that there can be no adverse consequence to this behaviour, whether physical or mental. More spectacularly, we believe that as and when our bodies do break down, there cannot possibly be any link to our own consumptive habits. The very notion appears ridiculous, so instead we seek out magic bullets in the form of instant chemical remedies. Although such chemicals may be useful and necessary in some cases, antidepressants, mood stabilisers and antipsychotics also have side effects (Caplan, 2008; Rethink, 2006; Tschoner *et al*, 2007). A nutritional approach should therefore be considered at the outset.

Many health professionals are currently working to improve diet and nutrition for people with mental health problems. The themes in this book have been discussed at a series of recent Pavilion conferences that examined the link between diet, nutrition and mental health, underpinned by the latest research. Several leading health practitioners reveal their insights, clinical experiences and most successful nutritional strategies, and how to put these into practice, including Dr Abram Hoffer, a Psychiatrist who pioneered the orthomolecular treatment of schizophrenic patients as long as 50 years ago. He is still waiting to see medicine return to nutrition and nutrients. The general consensus among all co-authors is that we honour our genetic blueprint (our manufacturer's handbook) and adapt it to the climate we live in. If our dietary intake or digestion is inadequate, the broad consequences are entirely predictable.

The most effective treatment is to *combine a variety of dietary and lifestyle strategies* as described in the cases overleaf, and more independent research is required to confirm what works best for whom and when. There must now be wider

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recognition of the fact that people have individual nutritional and biochemical requirements and that 'one size' definitely does not 'fit all'.

Sarah-Jane* (39 years old) came to see me with a diagnosis of bi-polar disorder along with depression, exhaustion and constipation. She also suffered from frequent infections, hives, hay fever, weight gain, excessive thirst and thrush. She was taking various antipsychotic medications, mood stabilisers and antidepressants and had a contraceptive implant. In all, she was taking 13 different types of drugs every day. Sarah-Jane started 'cleaning up' her diet and, with her doctor's approval, slowly reducing her drug regime. I designed a nutritional programme, which included stomach acid support, probiotics, an effective multivitamin/mineral and high-quality essential fatty acids. In addition, we discussed ways of stabilising her blood sugar and alternatives to gluten- and casein-containing foods. We also tackled an underlying yeast infestation. Sarah-Jane was a model client with a very supportive partner, yet we had many ups and downs. At present she is off all drugs except the antidepressant and no longer requires a community psychiatric nurse. She feels healthy and is actively involved in helping her husband's business.

Ollie* (23 years old) came to see me with a diagnosis of schizophrenia. He wasn't hearing voices in his head, but ethereal music. He regularly consumed alcohol, smoked cigarettes and used recreational drugs. Within six months he had weaned himself off stimulants, started eating a nutritious diet and taking a few supplements. He told me that he had improved to such an extent that he no longer heard strange music or required medication. I lost contact with Ollie, but encountered him by chance a few years later. He had not been able to stick to his healthy lifestyle, had relapsed and was back on medication.

* Names have been changed.

People with more severe mental health problems require ongoing practical and financial support to maintain an improved diet and lifestyle. Complex interactions between genes, lifestyle, diet and environment are increasingly demanding that nutrition health professionals[1] become members of the multidisciplinary team assessing patients with mental health problems.

Nutritional progress in institutions can be even more difficult to achieve, and requires committed, informed individuals willing to consistently drive through the required dietary improvements within organisations that can seem almost designed to resist change. A recurring problem is the management of conflict between 'prescribed nutrition' and 'patient choice' when such choice is based on flawed information (eg. wanting to eat cake all day). It is possible, with sound nutritional education and involvement of all parties, to challenge and ultimately change both established practices within organisations and compelling individual habits, as demonstrated in the following project.

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In 2004, the Support Services Manager at a secure unit for young offenders contacted me requesting suggestions for healthier eating practices. She was aware that convenience food has adverse effects on the mood, learning and behaviour of young people, but faced considerable opposition in reducing sugar, salt, additives, refined carbohydrates and hydrogenated fats in the food at the unit.

'Unhealthy' meal choices were gradually phased out with simple, natural home-cooked meals and 'treats' were replaced with healthier alternatives within budget. Tastier main meals meant that the young people ate less sandwiches and baked goods. Cakes, biscuits and crisps were removed at break times and replaced with a variety of fresh fruit, purchased from the local market, guaranteeing fresh, seasonal and nutritious produce. Higher quality oils were used and frying restricted to chips only. Quality meat was bought from a new local meat supplier at a discount. Instead of supplying sugar bowls and salt cellars at each table, a limited amount of sugar and salt sachets were provided and controlled by staff. A healthy tuck shop offered low-fat crisps, dried fruit and selected fruit juices and confectionery without additives or artificial sweeteners.

The healthy eating project has been surprisingly cost effective. Due to less wastage, savings have been made. It takes newcomers a month to adapt and a visible change in physical appearance with less weight gain is noted. Staff confirm that bedtimes and weekends are much calmer with less aggravated behaviour. A monitoring report by the General Manager stated that *'the use of physical restraints is down by 60% from 2005/06 to 2006/07'* (Watts, 2007).

Clearly, not all people with mental health or learning and behavioural problems eat junk food, have unhealthy habits or suffer from poor gut health. The complex case history of Duncan (***Chapter 8***) reveals that a virus is likely to have been an underlying factor in the development of his illness. However, nutritional therapy contributed to his recovery and alleviated many of his symptoms.

Duncan's harrowing story is of particular relevance because it exposes the struggle with entrenched institutional procedures and the discriminatory processes evident in our healthcare system. His mother demonstrated what can be achieved through tenacity and scientific curiosity by assembling a team of health professionals from a variety of disciplines and countries, working together to help her son recover. This positive spirit of scientific enquiry, which often challenges the institutional or bureaucratic status-quo, has almost been lost, but needs to be rediscovered to see us through the current crisis in mental health. It is this spirit of enterprise, combined with an abiding respect for the nutritional requirements of the human brain, which this handbook seeks to inspire in the current generation, and pass on to the next.

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Endnote

[1] To distinguish between dieticians, nutritional therapists and public health nutritionists please see *Briefing Note. Understanding the differences between nutrition health professionals* at www.bant.org.uk [accessed: 30/05/08].

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